

REC'D SEP 13 1938

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

27820  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1012 Registered No. 3131  
 (c) City Kansas City, Mo. (d) Street No. 2631 Lockridge Avenue, K.C. Mo. St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ida M. Sumpter 513  
 (a) Residence, No. 2631 Lockridge Avenue, K. C. Mo. St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. W. Sumpter  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7th, 1865  
 7. AGE YEARS 73 MONTHS \_\_\_\_\_ DAYS 25 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

FATHER 13. NAME ? Showalter  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

MOTHER 15. MAIDEN NAME No Record  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT Lee R. Sumpter, 1601-5th Ave., Fort Worth, Texas.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairbury, Neb. DATE August 5, 1938

19. FUNERAL DIRECTOR (NAME) Mrs. C. L. Forster  
 (ADDRESS) 918 Brooklyn Avenue, K.C. Mo.

20. FILED Aug 5, 1938 M. M. Kenowe  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 4th, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-7 38, to 8-4 38, 1938  
 I last saw her alive on 8-3 38. Death is said to have occurred on the date stated above, at 3 A. m.  
 The principal cause of death and related causes of importance were as follows:

Cerebral haemorrhage  
Thrombia  
131  
 Other contributory causes of importance:  
Cardiovascular renal disease  
13 years

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) F. J. Lawrence M. D.  
 (Address) 14th St. P.O. Box 147

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**